

Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2010 Non-Judicial Election

RECEIVED

JAN 17 2011

Secretary of State  
Capitol Office  
DATE STAMP

Name of Candidate NOAL AKINSAddress 270 HIGHWAY 30, OXFORD MS 38655

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Name NOAL AKINS Email nakins@hosemann.ms.govOffice Sought HOUSE DISTRICT 12 Political Party REPUBLICAN
☐ Check here if above is different from previous report
**TYPE OF REPORT**

- \_\_\_\_ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- \_\_\_\_ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- \_\_\_\_ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- \_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- \_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$750 <sup>00</sup> + \$ 666 <sup>00</sup> = \$	1416.00	\$ 1416.00
Total amount of disbursements	\$2010 <sup>00</sup> + \$ 2518.62 = \$	4528.62	\$ 4528.62
Total amount of cash on hand		\$ 5762.67	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Noal Akins  
Signature of Candidate

January 17, 2010  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39206 or fax to 601-359-1499 or 601-578-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Noel AkinsReporting period January 1, 2010 through December 31, 2010

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia Pacific</u>		<u>11/8/10</u>	\$ <u>250.00</u>
Mailing Address <u>P O Box 61270</u>		<u>12/16/10</u>	\$ <u>250.00</u>
City, State, Zip Code <u>Phoenix, Arizona 85082-1270</u>		<u>1/1/10</u>	\$
Name of Employer (Required) _____		<u>1/1/10</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Walgreens Company</u>		<u>12/16/10</u>	\$ <u>250.00</u>
Mailing Address <u>104 Wilmot Road, MS #1444</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Deerfield, Illinois 60015</u>		<u>1/1/10</u>	\$
Name of Employer (Required) _____		<u>1/1/10</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u>1/1/10</u>	\$
Mailing Address _____		<u>1/1/10</u>	\$
City, State, Zip Code _____		<u>1/1/10</u>	\$
Name of Employer (Required) _____		<u>1/1/10</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u>1/1/10</u>	\$
Mailing Address _____		<u>1/1/10</u>	\$
City, State, Zip Code _____		<u>1/1/10</u>	\$
Name of Employer (Required) _____		<u>1/1/10</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee Noel Akins  
 Reporting period January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

A. Full name	<u>HUCK PAC</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>P O Box 2008</u>	<u>2 12 6 1 10</u>	\$ <u>500.00</u>
City, State, Zip Code	<u>Little Rock, Arkansas 72203</u>	<u>— 1 — 1 —</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>500.00</u>
B. Full name	<u>American Legislative Exchange Council</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1101 Vermont Ave, N.W., 11th Floor</u>	<u>4 12 9 1 10</u>	\$ <u>510.00</u>
City, State, Zip Code	<u>Washington, D.C. 20005</u>	<u>— 1 — 1 —</u>	\$
Purpose of Disbursement (Optional)	<u>Registration fee</u>	Aggregate Year-to-date	\$ <u>510.00</u>
C. Full name	<u>Republican Party</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>5 1 1 1 10</u>	\$ <u>500.00</u>
City, State, Zip Code	<u>Jackson, MS</u>	<u>— 1 — 1 —</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>500.00</u>
D. Full name	<u>Republican Victory Party</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>12 13 1 1 10</u>	\$ <u>500.00</u>
City, State, Zip Code	<u>Jackson, MS</u>	<u>— 1 — 1 —</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>500.00</u>
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>— 1 — 1 —</u>	\$
City, State, Zip Code		<u>— 1 — 1 —</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>— 1 — 1 —</u>	\$
City, State, Zip Code		<u>— 1 — 1 —</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$